



15 minutes of shame

Stories from Britain's homecare frontline



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Introduction

Homecare in the UK is in crisis. Over the last 12 months there has been a number of detailed reports into our homecare system by think tanks and politicians, making clear just how broken it is.

Now it is the time to hear from the people who are too often ignored in the debate about the future of our care system: care workers and the family members of care users.

These are the stories of their experiences of our homecare system and UNISON through its Save Care Now! Campaign wants to make sure that they are heard. These stories focus on the various challenges we face; a lack of dignity and time, low and often illegally low rates of pay, widespread use of zero hours contracts, poor training standards, a lack of continuity of care and some of the damaging consequences of privatisation. They lay bare the human consequences of austerity in our desperately underfunded social care system. The consequences of a system where both care workers and care users are routinely let down.

As care worker Emma Clifford says :

There is a direct link between the lack of status given to care workers and the quality of the care system. Only someone who thought that getting the frail and sick up in the morning was an easy task could have invented the fifteen minute call. Only someone who has no idea how important continuity of care is to the well-being of a person with dementia could accept a system that puts care workers on zero hour contracts. Only someone that thinks that care workers are next to worthless could possibly refuse to pay them for travel time. It is one thing to see profiteering companies pull these tricks, but it's quite another for our local councils to accept them.

That all this is happening in one of the richest countries in the world is truly a source of national shame.

But the writers of these pieces aren't asking for your sympathy. Until we all see these people as our own loved ones then things will never change. This is an issue that at some point will affect every family in the country. We all must campaign vigorously for a care system that treats both care workers and care users with dignity.

We stand at the crossroads. Our care system is collapsing around us. Our politicians are responsible for this state of affairs and they are the ones we who must be held to account in order to change it.

The new government must take responsibility for properly funding our homecare system and for ensuring proper national standards. And councillors across the UK must take far greater responsibility for the quality of the homecare services in their local areas.

The government of 2015 to 2020 will not be able to prevent a crisis in the care system without recognising the true nature of care work. The next government must recognise that we are a skilled profession, and they must demand working conditions in which we can do our jobs properly. Not just for the benefit of care workers, but for the benefit of everyone we care for. (Emma – care worker)

Please read these stories, share them, and help us Save Care Now!

“The new government must take responsibility for properly funding our homecare system and for ensuring proper national standards. And councillors across the UK must take far greater responsibility for the quality of the homecare services in their local areas”

Dignity

Margaret

Recently homecare workers have had clients added to their runs that have just come out of hospital. These clients have no care plans in place or have not been assessed properly so nothing has been put in place to help with their care. I was given a client just out of hospital and told I had to wash and dress her. When I got to her house I found she was unable to stand on her own and very unsteady on her feet. There were no clean clothes to dress her, no pants or pads, no towels or face cloths to wash or dry her with. Nothing. I had to wash her with an old tea towel I found and put a pair of men's underpants I found in a drawer on her. How undignified is that? My self and another worker who had to go into her informed the office of the situation. The other worker was told to go to the shops and buy some provisions and see if there was pads she could get from another clients house. All this while she was trying to deal with all her other clients.

Emma Clifford

Whilst I am a low-paid worker in a female dominated sector, this is not how I see myself. I am a professional; a member of a new generation of care workers that are energetic, pioneering, and determined that things will change. Sadly, very few people in the media and authority see me and my colleagues in this way. Our jobs are seen as low-end: essential but dirty and dull. This failure to appreciate the level of skill and innovation needed to do my job properly is preventing our profession from maturing.

I am lucky now. I work in a top notch residential dementia unit. I earn a good wage and my head of department is an angel. But it hasn't always been like this. I am no stranger to the depths that the care system can sink to: I saw the worst of it when I worked in home care. There is a direct link between the lack of status given to care workers and the quality of the care system.

Carole – homecare worker

Everything seemed to be about doing the minimum. Probably the worst thing I encountered was a 92 year old spinster having to be undressed and washed by a man. The lady was so uncomfortable about this and found it very upsetting, but was told it was all about equality and that if she was in a hospital, then male nurses would be assisting her. This is so, but being alone in your home is quite different in my opinion.

At one time I was helping to care for a disabled man who was confined to a wheelchair. His wife asked if we could just give his back a quick wash before putting him to bed, as he felt much more comfortable then. I was told by the other care worker with me that it wasn't on the task sheet, so we couldn't – even though we had a bowl of hot water and flannel to wash his hands and face! Despite me asking the office to add this to the task sheet, it never got done.

This was a man who had fought during World War II and we could not even wash his back. I am aware that in the end, it all comes down to money and investment in the right people. I have seen how the elderly are cared for in Germany and in Canada and it is far

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superior to here in the UK. Without being too disparaging, it is seen as a job alternative to being a cleaner.

Lucy – homecare worker

I had 2 main clients for my early morning shift.

Mr no.1

His daughter let me in. She had been staying the night as he had a fall and had spent a few days in hospital. He was discharged the evening before. His daughter was worried. The ambulance men had to carry him upstairs. He was very elderly and since the fall seemed unable to stand. I went up and talked to him. He was very cheery but when it came to getting out of bed... He couldn't stand. I phoned my office. I moved on to my next job. I heard later that he was sent back to hospital. He had been discharged far too soon.

Mr no.2

Also recently discharged from hospital with cancer, he lived with his wife. My job: to help him get up, wash, dress, go downstairs. His wife would do the rest of his care. After the wash he said he wanted to put pyjamas on and stay in bed. He was adamant that was what he wanted so I abided by his wishes. I went down stairs and talked to his wife. She was crying. He had stayed in bed for a week. She had shouted at him. Use it or lose it argument, and now felt bad about the shouting. I promised her I would try and get him downstairs the next day.

Having lost Mr no. 1 I had more time available for Mr 2. We chatted about his favourite sport mixed with encouragement and he himself decide he'd like to go down stairs. He sat on the sofa and immediately picked up the daily paper and turned to the sports page. I do wish his wife hadn't clapped her hands and shrieked with delight. It was just a little thing. Not something very out of the ordinary. I walked away quietly delighted with my work. Glad that I had had the time to turn things around. Pleased too that I had had the same client 2 days running so I knew what the unwritten issues were.

Jane – family member

My mum received home care after coming out of hospital in Oct 2010 until she went into a care home earlier this year. She was diagnosed with Alzheimer's in Jan 2013. Obviously in that period her dementia was worsening.

In many respects I was pleased with the company who provided her care. They tried hard to send a regular care worker in the morning so that Mum became familiar with her. In the 2+ yrs she received home care she had 2 main care workers who got to know her well, even though Mum was probably quite a difficult client.

I was less pleased with the care when "stand-in" care workers had to visit because of holidays, pressures on the staff numbers etc. Communication seemed to be quite poor and occasionally Mum missed her medication. I had asked that Mum only received visits from female care workers, but male care workers were sent from time to time which Mum

“However my mother’s main problem, and that of many elderly people is loneliness and isolation.

Mum would have benefitted from longer care visits from someone with time to chat and certainly someone to sit with her while she ate”

found disturbing, especially one who did not wear a uniform or name badge and could have been anyone.

Towards the end of the home care period, Mum was receiving additional care on some afternoons to ensure she had eaten. This was quite poor and I found these care workers did not read notes left for them or stay to make sure Mum had eaten the food provided. I know some of this might have been because Mum probably said she wasn’t hungry, but the purpose of the care visit was to provide food. As I was working it wasn’t possible for me to visit daily to check that food had been provided and eaten. On some occasions Mum really didn’t eat a meal for 2 or 3 days.

I know that some care provision can be much poorer than the care provided to us and generally I was quite satisfied with the practical care. However my mother’s main problem, and that of many elderly people is loneliness and isolation. Mum would have benefitted from longer care visits from someone with time to chat and certainly someone to sit with her while she ate. In the early days, going out to shop with someone would also have been welcome. At least my mother had plenty of attention from me as well. Some people must be desperate to get out or to talk.

Roger – family member

My Dad, Donald, an Alzheimer’s / dementia sufferer was well looked after by care workers from Brentwood care home in Rose grove, Burnley. Although he lived at home and I, his son, was his designated ‘full time’ carer; visits from Brentwood staff occurred on a daily basis and were nearly always punctual. The care received; washing, dressing and feeding were undertaken with care and compassion. Dad needed a wheelchair/commode to make it in and out of bed and to and from the toilet as his mobility even with a walking frame was severely restricted. His care workers applied a great deal of patience to accomplish this. A wet room available for toileting and showering was used frequently and helped my Dad enormously. From my perspective though, I felt that staff were, more often than not, having to rush off to their next appointment and so the time needed for a more personal carer/client relationship became restricted by their daily workload. A questionnaire was sent recently by the local council to elicit my views on a proposed ‘new money saving streamlined service’ which would have meant fewer care homes per area with staff commuting longer distances to selected clients. I subsequently gave this idea short shrift. Dad sadly passed away from heart failure in January this year

Lack of time

Margaret

On my run there are a number of fifteen minute visits. And on the run I have just been given one is to a man in his mid nineties who is very frail and slow to move especially in the morning. I have been given fifteen minutes to go into his house wake him up assist him to the bathroom, give him a shower, help him get him dry and dressed and then make his breakfast and prompt and make sure he takes his medication. My organiser has been told this takes around thirty to forty-five minutes. Her reply was that other workers can do it in this time.

Anonymous homecare worker – Yorkshire

In the last ten years I have seen many changes to the Home care service unfortunately none of them have been for the better. When I first started working in home care if I needed extra time to complete the care it wasn't a problem. Now we are told if the client wants to spend time drinking a cup of tea or having a chat that time comes off the care time.

People are living longer and often have complex health and care needs which often can't be fitted into a 15 minute care call. It is a service that is meant to look after people but forgets people are individuals. The service makes no allowances for the time it might take to persuade somebody with Dementia to let you complete their care tasks and it not the type of job where you can leave if you run out of time. You can't leave somebody half dressed or without food just because they have run out of call time.

When we look after clients in their nineties their children are often in their seventies and sometimes find it difficult to help out with the needs of their parents, especially if they are in ill health themselves.

If you have mobility problems you will probably never have a bath or shower again.

I work for the local council so I am paid above average, for mileage and for travelling between calls. I wouldn't be able to afford to do the job if I worked for an agency.

Norma – homecare worker

Even though my employer is probably one of the best around there are still issues which have not been addressed, such as unpaid travel time between clients' homes, very low mileage rates, insecure hours of work, lack of sick pay and of course rates of pay. We can talk to our employing organisation which is not secretive with figures – it is what they can charge, what the 'market will bear'.

Distances between calls can be considerable – I can leave home at 6.30 am and return at 1.30pm – 7 hours but only be paid for 5! Then 3pm – 8.30pm 5.5hrs and be paid for 3! So at pay of £6.55ph that is below the minimum wage. This is a long day for £55.67 before tax and NI with antisocial hours for people with families.

Mileage rates at 30p per mile should reflect the cost of fuel and depreciation they do not I've done the Math as they say. Petrol in rural areas is about 10 – 15p a litre more expensive too.

“People are living longer and often have complex health and care needs which often can't be fitted into a 15 minute care call”

“We are always short staffed, so travel time is always taken off our rotas so they can call cram. When we complain the answer is to cut the times of the call down. I do not think it right, if a client is paying for 30 minutes care and only getting 15 it is wrong”

“I’d just like to say becoming elderly is my biggest fear, as I dread what services will be available and who will be delivering it”

I do not blame my employers who as I say are not profiteers, or my Social Services Department who have a very squeezed budget, nor local councillors who are not in control really – Yes we have an ageing population and my word they have contributed to this country’s wealth, not the fat cats in London and International board rooms.

I blame the government mindset that says that providing honest citizens with poor conditions of work to take care of other citizens who have contributed all their lives while letting banks and corporate greed reap rewards beyond imagining, is what this country is about – It is not and we should tolerate it no longer!

Daniel – care worker

I work for a large homecare provider. We are always short staffed, so travel time is always taken off our rotas so they can call cram. When we complain the answer is to cut the times of the call down. I do not think it right, if a client is paying for 30 minutes care and only getting 15 it is wrong. New care workers start they have a week’s training, then they should have two week shadowing. They are lucky if they have four or five days. We complain to the office there is always an excuse. Complain too much they can cut my hours which I cannot afford. It is a zero hour contract which should be banned.

Irene – homecare worker

My name is Irene and I’ve been employed by my local Council for approximately 10 years.

When I was initially employed as a homecare worker I worked on the patch out in the community, I enjoyed my job as I believed I was making a positive difference to the service users I visited. What made my job difficult at that time was the pressure I felt under due to time restraints, in some cases being given inadequate time to complete tasks, e.g. 30 minutes to prepare food wait for them to finish in order to wash up, deal with personal care, get someone ready for bed, if needed, and then complete the communication book.

On a few occasions a service user may have been ill and it may have taken longer to take care of their personal requirements, then you would be late to the next call, also whilst driving around the city it felt as though allowances were not taken for traffic and or road works. Petrol allowance did not match the fuel being used and did not cater for ‘wear & tear’ on our vehicles

Pay has always been and continues to be inadequate, when you consider the personal tasks required, many outside of this role have difficulty understanding how anyone can toilet someone or bathe them, or clean up body spillages, it’s not a nice task, but if care workers were paid a decent wage this would compensate us for the tasks we do.

Finally I’d just like to say becoming elderly is my biggest fear, as I dread what services will be available and who will be delivering it.

“Too many people just don’t care anymore and as a care worker you need to get a lot of calls in order for you to get a decent wage.”

Anonymous homecare worker – Greater Manchester

I worked in care from about 2008 in an home first then I became mobile working as a homecare worker before I became a care manager setting up care plans. As a care worker you are not given enough time to care correctly for the people you visited. You knew which were the homes that you would go to where they would not want anything and the homes where people needed more time, but I was not given enough time.

Before you had to rush off to get to your next service user I enjoyed my job but I thought that the company was just in it for how much they could charge and make themselves rich.

There were problems with staff ringing in sick and there were those who didn't want to drive in the snow. It was the service user that always suffers because other people had to pick the calls up. Too many people just don't care anymore and as a care worker you need to get a lot of calls in order for you to get a decent wage.

Jenny – family member

Homecare was a life saver.

More homecare workers need to be employed and they need to be given more time with clients

Family member – anonymous

We had different care workers all the time and they don't give care workers enough time to do proper care. Just 15mins and 30 mins; it's not enough. Highlight They should paid more money and give them enough time to travel from client to another and enough time to do their job.

“I know the care budget is squeezed but I feel some of these companies are making money out of the workforce and the elderly”

“Be under no illusion, home care companies are here to make money. Care is of secondary importance to them.”

Pay

Bridget – homecare worker

Our company used to pay £6.80 per hour but with no travelling. It has now been increased to £7.60 per hour, and they say this includes a travelling element, but on a rural run with lots of 15 min slots the rate still comes out to less than minimum wage. I live in an area of high unemployment, I cannot afford to lose my job, which I love, and I am 60 which lowers my chances of getting another. I know the care budget is squeezed but I feel some of these companies are making money out of the workforce and the elderly.

Homecare worker – Southern central

Home caring is a great job. It should be a career that people wish to join and remain in rather than, as evidence suggests, leave in droves.

Let's face it, we all know that the Homecare sector has finally broken and despite politicians waxing lyrical about how they would change it in the run up to the next General Election, its systematic failings have remained under the radar for far too long and it continues to function on one fundamental principle – staff exploitation. The person that drops a leaflet through your door or delivers your pizza is paid as much per hour as many home care workers – food for thought?

Be under no illusion, home care companies are here to make money. Care is of secondary importance to them. A clue as to their real intentions is that many of these companies refer to their customers as “service users”, a commodity. How de-humanising is that?

How would I make some changes for the better?

- Treat people as people, whether it is the customer or the carer.
- Give the toothless tiger some teeth. Allow the Care Quality Commission to both inspect providers without notice and additionally properly regulate the employment terms of home care staff.
- Raise standards – compulsory minimum qualifications, a minimum rate of pay linked to the importance of the job rather than just the minimum wage (because that's what they can get away with).
- Empower the workforce – break the home care companies' resistance to unions and recognised staff associations.

Deb – family member

My grandparents were in an extra care setting and relied on the care to manage personal and daily living needs. The care on the whole was fairly good although we had to speak to the manager regarding appropriate clothing that was clean and matched.

Home care needs to have a complete overhaul. Care workers need to be paid a decent wage and be trained as professionals.

“Care simply isn’t respected, the responsibility on staff has increased yet pay and conditions have gone down”

Helen – care worker

I have witnessed many incidents of abuse and neglect often innocently caused by people who simply didn’t know any better. Those receiving care having to put up with the fact they never know when or who is coming through their door to provide intimate personal care. Jobs rushed and time stolen because calls are crammed and staff aren’t paid for travel. Medication errors caused by inexperienced staff and abuse reported and ignored! Highlight

Care simply isn’t respected, the responsibility on staff has increased yet pay and conditions have gone down. Until it pays to care and the role is recognised as an important part of our society how can we ever hope to attract and retain quality care workers?

Zero hours contracts

Helen – homecare worker

I'm a home care worker and I have been for most of my working life. I really don't ever think about doing anything else. I love my job, I love the variety, I love the people I am lucky enough to work with. I don't like the insecurity, I don't like the debts, I don't like the nights I lie awake wondering when will I ever be financially secure?

When I started out I worked for the local authority, I had a guaranteed contract and a very good rate of pay. Yet as private equity firms have taken control of the sector zero hours contracts have become increasingly more prevalent. As the local authority sold off its in-house services the only place to go was to one of these faceless corporations who were sweeping up social care in this country.

Huge firms raking in millions of pounds profit each year, yet they still can't guarantee me enough hours to guarantee a decent work life balance. 60/70 hour week or just enough hours to put some petrol in the car is it any wonder I suffer from anxiety! On occasions I have had to refuse medication for my anxiety, because I simply couldn't afford the prescription that week.

Is this really the way I want to live?

A few weeks ago one of my regular clients died. We had been together for a long time and had a really close bond, she shared things with me that even her family didn't know. I feel so guilty, when I was told she had died my first thought was 'that's 20 hours a week gone'. Someone who depended on me, who trusted me as a friend, and that was my first thought?

But that's the reality. A sad reality for many.

Is it too much to ask that care workers are valued and respected? We spend our time caring for the most vulnerable in society yet who cares for us? I have seen many good workers leave frustrated at the poor pay and the way zero hours contracts are used by way of punishment and reward. If you turn down a shift hours you were depending on can be taken and given to others, sometimes with only hours' notice. I have seen how many use this as a way to simply force out staff who may have complained about quality of care. Is this acceptable? Duty of care means that we have to raise concerns, yet many are too scared of the implications financially if they do.

Isn't it time someone understood their Duty of care to US?

Isn't it time those with the power to make a difference respected and valued care?

As much as I do.

Anonymous homecare worker

Until very recently I was working in home care, visiting vulnerable adults with a range of problems, such as dementia, MS, Parkinson's, acquired brain injury, mental illness and the effects of stroke. Because I was providing a vital service to people with acute problems, I found the work highly rewarding.

I really wish I could say the same about the pay and conditions of the job!

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“I was on little more than the minimum wage and out of this meagre sum I had to pay for my uniform and fuel”

Because no hours were guaranteed, there was no job security and I remember feeling nervous about complaining, in case my hours for the following week were cut. I was on little more than the minimum wage and out of this meagre sum I had to pay for my uniform and fuel. Tax relief only covered a fraction of the petrol cost, so effectively I was working below the minimum wage. After nearly three years as a care worker, I have been left with significant debts and forced to find another (thankfully better paid) job.

This is a scandal. The government should require all employers to pay legitimate expenses, and no worker should ever have to rent his uniform. It is clearly wrong that any company should be able to profiteer with public money, but even if we must have these private agencies, then we need stronger and deeper regulation, so that no care worker can be cynically exploited as I was.

Caroline – homecare worker

I have been home care worker for many years I have sadly had to experience moving from working with permanent contracted hours to being put on a zero hours contract where I wasn't paid for my travel time between jobs.

My council recently adopted UNISON's Ethical Care Charter and it was great news when it happened.

This made huge improvements to care workers, we got a rise in our hourly rate up to the London Living Wage, we are now paid for our travel time between jobs, and we have the offer of taking on contracted hours again.

Being able to have permanent hours again makes a lot of difference to care workers because it gives them stability to plan their family life. With contract hours instead of zero hours you can claim tax credits. With a regular wage you can budget. Having permanent contracted hours this also benefits service users as they get regular care workers to care for them, on zero hours it is a bit of pot luck with regards to who comes to care for them.

Also being paid again for our travel time is really important because before we were working more hours than we were actually paid for due to all the unpaid travel time.

The care charter is a good deal for both service user and the care workers. I hope more councils sign up to the charter because it really does make a difference.

Anonymous homecare worker

I am on Zero contract hours...If I kick off I have the fear that they can turn round and take me off my calls. Are care workers ever going to receive the rights of other workers??? I am even prepared to have my company following me via satellite navigation. I work six days a week, which accounts to me putting in forty five hours plus.... But I am lucky if I get paid for 28 of those hours.....

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homecare managers back,
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Continuity of care

Mary – homecare worker

I'm a homecarer and have been for about 15 years and the recent changes we are experiencing are causing great concern for our clients and ourselves . I'm quite fortunate as I work mainly in a small village and my work is with the same people but my clients get care more than just me in morning and are getting no continuity of care with different care workers all the time. They are finding it stressful and no disrespect towards the care workers, but people with dementia etc should be given the best we can by making sure they have routine and familiar faces they can trust.

I myself double up with a partner and she is continually being sent here there and everywhere to people that suffer from various health issues and routines and has no information about what to do. We now don't have any homecare managers to support us as there no such posts now, so we have schedulers that allocate work and their priority is getting work covered not matching it up to giving continuity of care. We do not know the schedulers and they certainly do not know the clients. Care workers are stressed and all we want to do is do a good job. It's a worrying situation and I can't see a quick fix for this. What I would like is homecare managers back, coordinators that have some understanding and the support we need and deserve. We use to work as a team not any more.

Anonymous care worker – Yorkshire

One of the agencies in York is having huge staff problems at the moment. A clients wife (a former care worker herself) is so fed up of waiting for 2 care workers to turn up as her husband requires 2 care workers, or the agency only sending 1 carer and expecting her to help with the care that she has told them not to bother and she is now doing the care herself. She has been told it will be at least 3 weeks before they will be able to get emergency care in place.

Another vulnerable lady living by herself woke up in bed to find two strangers looking down on her.

Imagine how frightened she must have been.

Michaela

My father in law had a fall and then was in hospital. He was sent back home and was 'assessed' for a period of four weeks. Following that period he was allocated so many hours/visits, four per day. The issues we had as a family were that these visits were rushed, the care workers some of who were 'walkers' and some of whom 'drove', they often came a few minutes late, and then asked to leave a few minutes earlier – to get to their next appointment (no travelling time in between clients was catered for) , they did not have enough time other than to put his meal in the microwave, wash up, whatever else and they were rushing out of the door, My father in law was not happy about male care workers coming – but they kept sending a male carer due to staffing shortages, they rushed, they didn't have time to listen to him, or even talk to him. This was usually shouted at him from another room whilst they got his meal. They were required to write

“This service is absolutely vital to the clients themselves and their families. The value of it cannot be underestimated”

in a book at every visit – which is good practise but again this took their little time up and reduced their time to care for him. He didn't like having so many strangers in his house and they never seemed to send the same people to his house twice in a row so there was no rapport built up.

Imagine having strangers coming in your house, going upstairs, moving your things, touching your things, going through your cupboards. It is very invasive and leaves little dignity for the client. The longer visits were bad enough but then as the costs ratcheted up the time there reduced to literally 15 minutes on some visits, they had to do the same tasks in that time – which literally were flying visits. The service itself however was vital, as we all work, so there was no one around to just pop in and check on him, but he hated the visits, he didn't like all the new faces, he felt invaded, he felt ignored, the care workers themselves were also a mixed bunch. Some seemed to genuinely enjoy their jobs and were there with the right motivations, others were not. Turnover was high. It was deeply dissatisfactory for all of us – but having said that, and having written about all of the negative things. This service nevertheless permitted my father in law to see out his days in his own home. He was terrible in the hospital, and terrible in the respite home, and he only came round when he got back into his own home. And so to summarise, this service is absolutely vital to the clients themselves and their families. The value of it cannot be underestimated. But there are severe limitations placed on the care workers themselves and they need to be recognised for the job that they do and paid to reflect that worth and they need adequate training and support in order to reduce staff turnover. We will all need to access this service at some point!

Lyn – family member

My experience of care is through my Mum being diagnosed with cancer although I had to get care put in place before diagnosis as she became unable to walk, in chronic pain and not able to care for herself. A huge shock to a previously fit, active lady who liked to help others on a daily basis.

The care workers coming in and out would change daily. They would be late or not show at all. One day I received a call from my Mum who was in tears, stranded upstairs with no food or water and it was 8.30am. The care workers showed no sign of turning up and she had had enough of being let down.

The final straw came when the care company sent a lady who was waiting for an eye operation and shouldn't have been driving. To enable her to still work, the company sent her a lesser distance than normal (a 15 minute journey rather than her usual 30-40 minute commute to her jobs). The lady told her employers that she should not be working but they did not take her comments on board. I complained to the social work team and the lady I spoke to said that they were obliged to go with the cheapest option which is why the care suffers.

My Mum decided to cancel the care early (it was due to end due to her means testing result) and I put private care in place. It was a revelation. The same care workers came, did quality work and stayed for an amount of time which meant they could carry out what they needed. Yes, she is now paying for this but the difference in her morale was significant.

“ Care workers need to be paid far more. They need to be paid their travel costs and given paid time to get from one call to another”

I said at the time that I would write a formal letter to the care company and the social work department to raise my concerns as we felt strongly as a family that for people in vulnerable situations who did not have the support of friends and family that my Mum does, the quality of care was so poor that it could threaten lives.

Helen – family member

A family member needed 4 times daily Home Care due to disability. Care Workers changed weekly, and failed to relay important medical care between them. One care worker decided not to turn up lunchtime, consequently I found my family member in a coma when I couldn't reach him by phone. Lovely people, but lack of training and care put my family in a life and death situation.

They need to find a way to retain their staff and build up better links with their clients. Keep the same member of staff with the patient. Better pay would mean people are more likely to stay in this job, rather than look elsewhere for a better paid role.

Government bodies to more closely check Care Agency running. Increase in wage for Care Workers. They need to involve and discuss changes with Care workers.

Sam – family member

Homecare was essential to keep my father safe and healthy. Without it he would have become very ill or have had to go into residential care. He had one regular care worker who knew him well and was able to judge how he was and call the doctor when necessary. I believe his vigilance kept my father alive on several occasions. He and a couple of other regulars were also able to build up a friendly relationship with my father and chat and listen as they worked, providing needed company. There were times however when my father had many different care workers over the space of a few days. This was unsettling to him as he suffered from vascular dementia. The care workers were never given enough time to get from one call to another and were always having to rush.

Care workers need to be paid far more. They need to be paid their travel costs and given paid time to get from one call to another. There needs to be a stable and secure workforce for each care company so that the same care workers can be allocated to the same care users. I think this can only be achieved by being run by the local authority.

Andrea – family member

The care is needed on a daily basis, he doesn't get the same care workers despite me asking for continuity of care, sometimes no there is not enough time to do everything.

Homecare workers need a better standard of training and payment. Longer visits than 15 and 30 minutes are sometimes needed and a continuity of care workers especially for clients with Alzheimer's and Dementia.

“Staff need to be given less visits per day, to be paid for journeys between patients, to be allowed to visit the same people for continuity, and to be less rushed. And to be paid more”

John – family member

Homecare is and has been very important. The staff were always pushed on arrival, pushed on leaving but did their best to do whatever was required. There were often too many different people meaning a continuity of service, special requests about medicine etc were not always taken account of. They were always nice and helpful when possible though but pushed to the limit. They didn't always have enough time to do everything we would have wished, but this was always then an excuse for my gran to not bother washing, etc.

Staff need to be given less visits per day, to be paid for journeys between patients, to be allowed to visit the same people for continuity, and to be less rushed. And to be paid more.

“Homecare can be the best job in the world. The users of the service are in comfortable and familiar surroundings, and have better access to their family and relatives than when they are away from home.”

Privatisation

Sam – homecare worker

I have only been a home care worker for the last 7 months, and a carer for the last 7 years, both as a job, and for relatives.

Homecare can be the best job in the world. The users of the service are in comfortable and familiar surroundings, and have better access to their family and relatives than when they are away from home.

I work for an enablement service, this draws up a plan personal to the user with the view to helping them being as independent as possible to remain in their own home.

The service is very successful. Many of the people we visit, go on to live independently after recovering from an illness, fall or stroke. We prepare meals, give personal care, books appointments and liaise with occupational therapists, district nurses and others who can provide as much support and assistance as possible.

The team I work alongside are some of the best care workers I have ever had the pleasure of meeting period they are supportive and dedicated, very often going above and beyond what is expected of them.

Even though, in my opinion we provide a valuable and much needed service, there are many problems.

We are currently waiting to find out if this service will be privatised, leading to worry and uncertainty amongst the staff. The increments for evenings and weekends have been stripped, and staff are struggling financially.

Other problems occur on the organisation side that make our job difficult, such as some service users are having up to 28 care workers going in over a 6 week period, leading to confusion and inconsistencies. Staff are placed in many different areas, with no allowance for travel time. This means we face the decision to cut call time or work over frequently. Overall it is a wonderful thing. A not for profit service provided by a local authority and vital to its users. Not only do we need to fight to improve it, but to ensure it is not lost forever.

Anonymous homecare worker

I am a home care worker transferred across from being employed by a council to a major charity who provide homecare. I have never worked in such a disorganised company. Their training with new staff is inadequate causing them to leave after a short time, the office staff are under qualified and not very communicative leading to a lot of missed calls and poor care.

I cannot understand why the council has broken up a very good team and taken on a provider like this who already had a bad reputation and did not even had a uniform and after much pressure gave us a uniform which is totally unpractical.

Customers know the difference between the workers. In the charity's defence they have to work on a very tight budget from the council.

“Originally it was council care workers who attended my mum and they were professional and confident and my mum felt secure and safe with them. For no apparent reason her care then transferred to a very large homecare provider and the levels of service dropped dramatically”

Fiona – family member

Homecare is a vital service for my mum as her personal care is attended to as she is unable to wash herself. Originally it was council care workers who attended my mum and they were professional and confident and my mum felt secure and safe with them. For no apparent reason her care then transferred to a very large homecare provider and the levels of service dropped dramatically and my mum became anxious when the new care workers started visiting as she said they didn't wash their hands or use aprons at times and would often just walk into her house without knocking or ringing the bell. I phoned the council to discuss the situation and advise them of the decline in my mum's health due to her anxiousness and she received a review from the council and they reinstated her care with them...i now have a very happy and settled mum.

“A lot of young girls are now joining and can’t even fry an egg or make a hot meal for the service users because their parents have done it all for them before, it’s just basic skills. How do you think a service user that can’t help feels?”

Non-payment of travel time

Anonymous homecare worker – North West

I have been in care for 25 years now and it is now just a business. There is no time to care no time to chat and say how are you ... I start at 7am and I finish at 2pm then I’m out again at 3.30pm till 11 pm I have to work lots of hours as I’m on a zero hours contract ... I’d like to be paid a decent wage for what I do ...

I find out more about my service users when I attend their funeral (that’s if I get time to attend) than I do when I’m caring for them because I get so little time.

Getting paid for travel time would be great ... I find people are coming into this job now not because they care but because it just give them a wage. This makes me mad as that’s when things go wrong ... we get new starters and they say to me “oh I thought all you did was a cup tea and have a good crack” ... yes that would be great if that was allowed ... sadly it’s a case of go in to a house and do what you have got to do and then go. It breaks my heart as for some service users we are the only people they see and we don’t have the time to chat.

A lot of young girls are now joining and can’t even fry an egg or make a hot meal for the service users because their parents have done it all for them before, it’s just basic skills. How do you think a service user that can’t help feels? How do they feel when they are 80 years old and here is somebody who is 18 years old coming to bath and shower them? Come on! They need respect and they need to keep their dignity...

Anonymous homecare worker

I am a care worker... ensuring people are able to stay in their own homes. I attend half hour calls, sometimes three quarters an hour, which means me calling in on the customers phone. This means me clocking in and clocking out. This doesn’t take into account getting the customers key out of key safe, or waiting for them to come to the door and then me introducing myself and ensuring the customer is comfortable with me before I ask if I can use their phone and then having to ensure them that it will not cost them. I am finding that as my customers are in different villages and needing different times... which can be down to distributing medication or a person is just finding it difficult to get up during these dark mornings, travel time and waiting time is doubling the time I am out. I don’t get paid for travel time and waiting time... Today I put in eight and a half hours and I am only going to get paid for five and three quarters hours.

Poor Training

Paula – homecare worker

We are being given more and more nursing duties. I was given a client just out of hospital after having bowel cancer. He had two stoma bags one which I was told I had to empty into a bowl. When I said no because I had never dealt with a stoma bag before so had no idea how to do this properly I was told another worker would come and show me. I said no this is not acceptable I need proper training by a stoma nurse before I would do this. I got a text saying the community nurse would meet me at his house at a certain time and show me.

I was at the house when I was told to be. Bearing in mind this was in-between all my other clients, the nurse turned up twenty-five minutes late. She never apologised just said right let's get in. When we went in I introduced myself to the man he asked if I had done this kind of thing before when I went to say no the nurse interrupted and said yes I had I was just being refreshed. I told the man the truth at a later stage. He was not happy. Neither was I. His stoma bag did not fit properly round the wound because the hole had not been cut in the bags correctly. I got a text telling me the nurse had been out and made a template up to put on the opening of the bag so I had to cut it to fit. When I looked at it I saw that she had not done anything of the sort. Nothing had been done and the client agreed. Even if it had been no scissors had been provided for me to cut it. At the end of the day it is not my job to cut and fit someone's stoma bag to size. When I pointed out to my manager that I felt it unfair that home care workers were being asked to do the duties of senior care workers and nurses her reply to me was "we are all the same, everyone is doing the same and we are all part of the same team." I said this was not right, how can we all be the same when we are being paid less than everyone else? She just got agitated and said I had to do it.

Katie – homecare worker

I've recently retired from home care 6 months early after 27 years of service. The pressures of working in homecare are so great and very stressful. There is no walking time and the client's needs are not fully assessed hence very little time can be spent with some clients.

I feel that most new workers are not given enough training in most aspects, including basic everyday skills such as cooking and eligible handwriting. If they do not have these basic skills the clients get stressed, more so if they have dementia, which is a sad, sad illness.

If they do not have eligible hand writing it makes it a nightmare for the following care workers. This all really needs to be addressed. I also found that the office just get the work out as quickly and to as many care workers as possible with no thought! Evening workers sometimes have spare time, but, alas no safe place to go, apart from wandering around the local supermarket (I've done it myself).

I think there are a lot of issues needing to be looked at in home care but no one listens! Sad really.

Gill – Homecare worker

Having worked in homecare for almost 20 years I have seen massive changes across the whole system, and become increasingly concerned at the quality of care being provided.

As people with more complex needs have become to depend on homecare services, the terms of employment for staff have fallen to such a level many providers struggle to attract and retain experienced staff. Zero hours contracts and their use by way of punishment and reward, non-payment of the national minimum wage by way of unpaid travel time and the other cost involved with the role, unpaid training, phone and petrol, ensure homecare has a huge turnover of staff. As the needs of those requiring care have increased the regulations for employing staff have remained the same, and often good staff are forced to leave simply because they can't afford to stay.

Those who leave are often replaced by people with little or no experience, training pushed through in a matter of days they are then expected to work unsupervised in the homes of vulnerable adults who are lead to believe all staff are trained and competent in their roles.

Many of the tasks now undertaken by care staff were once the responsibility of district nurses. Peg feeding, stoma care, catheter care, just to name a few. Yet in my experience staff are not supported and do not always receive the relevant training before being expected to carry out these tasks.

I am horrified to know hundreds of thousands of people dependant on care are being put at risk of abuse and neglect in their own homes. Often abused and neglected by people who simply don't know any better, who are not trained to recognise when they are putting people at risk, simply because of cost.

I have witnessed and reported these abuses but, it would appear for those in places of power, profit comes before the care of our vulnerable, as a society we should be ashamed, one day it may be us or our loved ones suffering at the hands of our broken system of care.

UNISON's Ethical Care Charter

We cannot go on like this. Care users and care workers across the UK are in desperate need of change. Getting all councils to adopt UNISON's Ethical Care Charter offer a practical way to improve the standard of homecare throughout our communities.

Together we must all call for a care system that is properly funded and treats our care users and care workers with dignity. We must save care now.

Ethical care charter for the commissioning of homecare services

Stage 1

- The starting point for commissioning of visits will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients
- The time allocated to visits will match the needs of the clients. In general, 15-minute visits will not be used as they undermine the dignity of the clients
- Homecare workers will be paid for their travel time, their travel costs
- and other necessary expenses such as mobile phones
- Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time
- Those homecare workers who are eligible must be paid statutory sick pay

Stage 2

- Clients will be allocated the same homecare worker(s) wherever possible
- Zero hour contracts will not be used in place of permanent contracts
- Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing
- All homecare workers will be regularly trained to the necessary standard to provide a good service (at no cost to themselves and in work time)
- Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation

Stage 3

- All homecare workers will be paid at least the Living Wage or London Living Wage as applicable (the rate is calculated every November).
- If Council employed homecare workers paid above this rate are outsourced it should be on the basis that the provider is required, and is funded, to maintain these pay levels throughout the contract
- All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients.

UNISON are campaigning for a better care system. You can find out all about it and join us by visiting **savecarenow.org.uk**

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